MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH Primary Registration District No. 3010 Registration District No. DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. COUNTY VS 300 COUNTY admission) AMENDED Rev. 4/59 Length of stay in 1b c. CITY Inside Limits Yes | No @~ 0168 c. FULL NAME OF (If NOT in hospital, give location) DATE HOSPITAL OR Yes 🗗 No 🗆 INSTITUTION Yes No 🗆 21000 3. NAME OF DECEASED Middle Day (Type or print) IF UNDER 1 YEAR IF UNDER 24 HR 7. Married 🛣 Never Married [] 9. AGE (last birthday) 6. COLOR OR RACE Widowed 📋 Divorced 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY dering most of working, life, even if retired) FOLLO 13a, FATHER'S NAME 3b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, Ar Jinknown) (If yes, give war or dates INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 10 14 hrs. CEREBRAL APOPLEXY RECORD IMMEDIATE CAUSE (a) ö 11 INSTEAD Unknown. DUE TO (b) HYPERPTESIS Conditions, if any,] which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was female Ιō there a pregnancy in last 90 days. disease condition given in PART I (a) AMENDMENTS Unknown 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) HOMICIDE 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE PERFORMED? YES | NO. 20c. TIME OF Hou Month, Day, Year RIBBON INJURY a m p.m. USE BLACK INK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) COUNTY STATE 20d. INJURY OCCURRED WHILE AT WORK | NOT WHILE AT WORK ő **TYPEWRITER** 21. 1 attended the deceased from on the date stated above, and to the best of my knowledge, from the causes stated. SHOULD Death occurred at 22c. DATE SIGNED 22b. ADDRESS Ιō CAPE GIRARDEAU. 23d LOCATION (City, town, or county) 23a. BURIAL, CREMATION, 23b. DATE **AFFIDA** Š REMOVAL (Specify) uria DATE RECD. BY LOCAL REG.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

or by			, Student Embalmer No
working under my	personal supervision.		The I amin
Student		Signed	live (cloud
	Signature of Student Embalmer		
			Licensed Embalmer No. 4470
(Á 12 M		P. O. Address School Mo
Note: The			his OWN HANDWRITING. (Failure to comply